

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

Sheriff Deputy Wade  
Richmond County Sheriff's Office  
400 Walton Way  
Augusta, GA 30901



9590 9402 7685 2122 4968

2. Article Number (Transfer from service label)

7009 0080 000

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

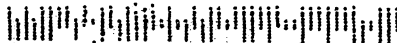
Nancy Alcantara

C. Date of Delivery

D. Is delivery address different from item 1?  
delivery address below:☐ Yes☐ No

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery



USPS TRACKING#



9590 9402 7685 2122 4968 17

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box •

U. S. Marshals Service  
124 Barnard Street  
Savannah, GA 31401

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

CV 122-0127